



DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare and  
Medicaid Services

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August 30, 2001

DATE : August 30, 2001

LETTER TO: All Medicare+Choice Organizations (M+COs)

SUBJECT : **Update: Pre-January 2001 Carrier Backlog of Working Aged Correction Requests--ACTION**

On August 2, 2001, we sent you a letter which provided the instructions for the submission of pre-January 2001 carrier backlog of working aged correction requests. In that letter, we stated that your M+CO must submit any pre-January 2001 working aged correction requests to the Coordination of Benefits (COB) contractor within 45 days of that August 2 letter. Since that time, we have been informed that some M+COs did not receive the letter until after August 10, so we are extending the due date to September 28, 2001 to compensate for late receipt.

We apologize for the short time frame that was established for the submission of these requests, and we understand that the time frame may pose a burden to some M+COs. But the short term nature of the performance period for GHI to complete this task requires a September 28, 2001 deadline.

Please send these requests to the COB contractor as soon as possible. When sending your requests, it is important that you follow the instructions stated below as well as those instructions noted on the CWF Referral Form. If you are experiencing difficulties in sending these requests, please do not hesitate to contact your CMS Central Office Health Insurance Specialist assigned to your regional area. We will make every effort to see that your request(s) is addressed.

**SUBMITTAL INSTRUCTIONS – REMINDER**

The process is very similar to the way you are submitting current COB contractor requests but is different. There are three parts to the process for pre-January 8 requests that are different from the current submittal process for the COB contractor.

- ❖ Submissions to the COB contractor must be received by close of business September 28, 2001 and no later. This is due to the short term nature of the performance period for this task.

Send request to: MEDICARE- Coordination of Benefits Contractor  
MSP Claims Investigation Project  
P.O.Box 5041

- ❖ For identification purposes, the "CWF Referral Form" must have an "X" in the "CHECK IF SECOND REQUEST" field. (see enclosure)
- ❖ Just below the "CHECK IF SECOND REQUEST" field, write or type "(PRE-COB)" to indicate that the request is a pre-January 8, 2001 special correction request.

**CONTACT INFORMATION**

Boston:	Jacqueline Buise at 410.786.7607
New York:	Juan Lopez at 410.786.7621
Philadelphia:	James Dorsey at 410.786.1143
Atlanta:	Brenda Hicks at 410.786.1159
Chicago:	Janice Bailey at 410.786.7603
Dallas:	Joanne Weller at 410.786.5111
Kansas City:	Gloria Webster at 410.786.7655
Denver:	David Evans at 410.786.0412 OR Ed Howard at 410.786.6368
San Francisco:	Lori Jones at 410.786.6357 OR James Logan at 410.786.7625
Seattle:	David Evans at 410.786.0412 OR Ed Howard at 410.786.6368

Thank you for your cooperation and adherence to the September 28, 2001 submittal due date. Again, please feel free to contact us for assistance.

Sincerely,

/s/

Gary A. Bailey  
Director  
Health Plan Benefits Group, CBC

Enclosure

**CWF REFERRAL FORM**  
**IRS/SSA/HCFA DATA MATCH, IEQ and HMO WA RECORD**

Notice To:  
MEDICARE - Coordination of Benefits Contractor  
Attn: MSP Claims Investigation Project  
P.O. Box 5041  
New York, NY 10274-5041

Referring Contractor/Managed Care:  
Name \_\_\_\_\_  
Address \_\_\_\_\_

Contact Person: \_\_\_\_\_  
Telephone# \_\_\_\_\_  
Referring Managed Care ID# \_\_\_\_\_

☐ **CHECK IF SECOND REQUEST**

**CHECK ONE BELOW:**

- ☐ **IEQ related** (Originating Contractor # 99999 or 11101)  
☐ **Data Match related** (Originating Contractor# 77777 or 11102)  
☐ **HMO Working Aged Related**

**PLEASE RESPOND WITHIN 45 DAYS OF DATE OF RECEIPT**

Date: \_\_\_\_\_  
Beneficiary: \_\_\_\_\_ HICN: \_\_\_\_\_ DOB: \_\_\_\_\_  
SEX: \_\_\_\_\_ Address: \_\_\_\_\_

Insurance Group Name (HUSP Field #41) \_\_\_\_\_  
(\***NOTE for HUSP Field #41:** For **Originating Contractor 99999 and 11101** this field may be left blank, but for **Originating Cont 77777 and 11102** this field will contain a number. For those records with **Originating Cont 77777 or 11102**, please provide that 9-digit number.-*This HUSP field may be different on the HIHO-MSPA screen.*)

Subscriber Last Name : \_\_\_\_\_  
Subscriber First Name : \_\_\_\_\_  
Employee ID Number : \_\_\_\_\_

Please refer to the MSP data contained on HIMR-MSPA/HIHO-MSPA for the above-named beneficiary. The Originating Contractor for the MSP occurrence(s) is \_\_\_\_\_.  
Date of Accretion (DOA): \_\_\_\_\_.

Action is required for the items indicated and checked below. (**Attach supporting documents for each change requested and provide CWF SP edit received when attempting to update a record, if applicable.**)

- \_\_\_\_\_ Delete auxiliary record. **SP edit** \_\_\_\_\_  
\_\_\_\_\_ Please change termination date to \_\_\_\_\_ . **SP edit** \_\_\_\_\_  
\_\_\_\_\_ Update record with \_\_\_\_\_ as termination date. **SP edit** \_\_\_\_\_  
\_\_\_\_\_ Change in Medicare entitlement (from Disabled to Aged). **SP edit** \_\_\_\_\_  
\_\_\_\_\_ (**PLEASE SPECIFY IN COMMENTS FIELD BELOW.**)  
\_\_\_\_\_ Family coverage error. Policy is worker only since \_\_\_\_\_ .  
\_\_\_\_\_ Invalid data provided by employer.  
\_\_\_\_\_ (**PLEASE SPECIFY IN COMMENTS FIELD BELOW.**)  
\_\_\_\_\_ Identified worker has taken a Vow of Poverty. By law, in Vow of Poverty Cases, Medicare is primary beginning 1/1/83.  
\_\_\_\_\_ Other. **PLEASE SPECIFY IN COMMENTS FIELD BELOW.**

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_